

2016 NOMINATION FORM

Ida Lee Willis Memorial Foundation Historic Preservation Awards

NOMINATIONS must be postmarked or received in the Kentucky Heritage Council office by close of business Friday, April 15. For each nomination, submit a completed nomination form, narrative description, and supporting photos and documentation. **Submit entries via email** to kyheritage@ky.gov, by fax to 502-564-5820, or by mail or hand delivery to:

Kentucky Heritage Council / State Historic Preservation Office
300 Washington Street
Frankfort, KY 40601
ATTN: Ida Lee Willis Awards

1. Nominee

Name of nominee / project _____

Title / organization responsible _____

In 100 words or less, summarize why this person, project or organization deserves recognition: _____

Address of nominee or project _____

City _____ State _____ Zip _____

Phone _____ Email _____

2. Award category (*check one*)

☐ Memorial Award

☐ Preservation Project Award

☐ Service to Preservation Award

3. Description

Attach a brief narrative describing the project(s), or the accomplishments of the nominee. Relate this description to the criteria for the appropriate award category, as outlined in the Preservation Awards Criteria.

4. Supporting documentation / submission requirements

Attach any photographs, drawings or other images, news articles, publications or letters of support that would assist in determining the impact of the project, organization or nominee's contribution, and be sure to list any relevant web, social media or video links. For a Preservation Project Award, before and after photos are required. When submitting via email, please save and submit all files in one PDF document; do not send multiple files. Materials submitted by mail or in person may be in hard copy or saved on a DVD/CD/thumb drive. **Each nomination must include a completed nomination form**, narrative description, and supporting photos and documentation. For questions, contact 502-564-7005, ext. 113, or email kyheritage@ky.gov.

5. Nomination submitted by:

Name _____

Title / Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____